## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 11, 2008 08:00 All Secretary of State DOCUMENT # P0000004261 1. Entity Name SPORTLINE AUTO, INC. Mailing Address Principal Place of Business 27871 INDUSTRIAL STREET BONITA SPRINGS FL 34135 27871 INDUSTRIAL STREET **BONITA SPRINGS FL 34135** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 59-3622790 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODHOUSE, PHILLIP Street Address (P.O. Box Number is Not Acceptable) 14880 STERLING OAKS DR NAPLES FL 34110 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the coligations of registered agent. Signature, typed or print diname of registered agent and title it emplicable ffkOTE. Registrieo Agont espaturo required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change WOODHOUSE, PHILLIP NAME NAME STREET ADDRESS 14880 STERLING OAKS DR STREET ADDRESS CITY-ST-7/2 NAPLES FL 34110 CITY-ST-ZIP TITLE VD ☐ Dalete TITLE ☐ Change ☐ Addition DEAN, WILLIAM NAME NAME STREET ADDRESS 3720 FIELDSTONE BLVD, #704 STREET ADDRESS Only-31-215 NAPLES FL 34109 CITY-ST-7IP THE TD ☐ Deiete IIILE NAME RING, BRIAN NAME STREET ADDRESS 1625 AVION PLACE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP SD TOTE Delete TITLE Change Addition CHILES, TERRY NAME NAME STREET ADDRESS 475 ROBINHOOD CIR STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP CITY-ST-ZIP ☐ Deiete TITLE Change Addition NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7/2 CITY-ST-ZIP TITLE Delete Change ■ Addition NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-08 239-949-690